

PCT REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only	
International Application No.	
International Filing Date	
Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference (if desired)(12 characters maximum) NATAPEP16BPC	

Box No. I TITLE OF INVENTION FRUIT CORING DEVICE FOR PRODUCING A CLOSED BORE	
Box No. II APPLICANT	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> MAURO, George 16 Northwestern Drive Salem, NH 03079 US	<input checked="" type="checkbox"/> This person is also inventor. Telephone No. 603-893-7393 Facsimile No. 603-893-7857 Teleprinter No.
State (i.e. country) of nationality:	State (i.e. country) of residence:
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the U.S.A. <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i>	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
State (i.e. country) of nationality: US	State (i.e. country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the U.S.A. <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box. No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> BUJOLD, Michael J; DAVIS, Anthony G.M.; DANIELS, Scott A., and CLAPP, Gary D. Customer No. 020210 Davis & Bujold, P.L.L.C. Fourth Floor 500 North Commercial Street Manchester NH 03101 US E-mail: patent@davisandbujold.com	Telephone No. 603 624-9220 Facsimile No. 603 624-9229 Teleprinter No.
<input type="checkbox"/> Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT.
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☐ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SI Slovenia, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

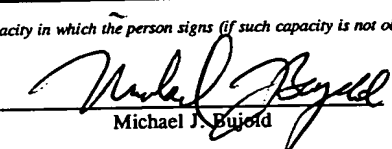
National Patent (If other kind of protection or treatment desired, specify on dotted line):

- | | |
|---|---|
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| <input type="checkbox"/> GE Georgia | <input type="checkbox"/> TR Turkey |
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| <input type="checkbox"/> GM Gambia | <input type="checkbox"/> TZ United Republic of Tanzania |
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| <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> US United States of America |
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| <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> ZW Zimbabwe |
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Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:

☐ Any other PCT member country

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving office within the 15-month time limit.)

Box No. VI	PRIORITY CLAIM	Further prior... claims are indicated in the Supplemental Box <input type="checkbox"/>	
The priority of the following earlier application(s) is hereby claimed:			
Country (in which, or for which, the applicant was filed)	Filing Date (Day/month/year)	Application No.	Office of filing (only for regional or international application)
item (1) US	November 14, 2002	10/294,246	
item (2) US	September 23, 2003	10/668,727	
item (3) US			
Mark the following check-box if the certified copy of the earlier application is to be issued by the Office which for the purposes of the present international application is the receiving Office (a fee may be required): <input checked="" type="checkbox"/> The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) identified above as item(s): (1) one <u>And</u> (2) <u>two</u>			
Box No. VII INTERNATIONAL SEARCHING AUTHORITY			
Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen, the two-letter code may be used): <u>ISA/ US</u>			
Earlier search Fill in where a search (international, international-type or other) by the International Searching Authority has already been carried out or requested and the Authority is now requested to base the international search, to the extent possible, on the results of that earlier search. Identify such search or request either by reference to the relevant application (or the translation thereof) or by reference to the search request: Country (or regional Office): <u>US</u> Date (day/month/year): <u>23 September 2003</u> Number: <u>10/668,727</u>			
Box No. VIII CHECK LIST			
This international application contains the following number of sheets: 1. request : 3 sheets 2. description : 21 sheets 3. claims : 4 sheets 4. abstract : 1 sheets 5. drawings : 7 sheets Total : 36 sheets		This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> signed power of attorney 5. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> copy of general power of attorney 6. <input type="checkbox"/> separate indications concerning deposited microorganisms 3. <input type="checkbox"/> statement explaining lack of signature 7. <input type="checkbox"/> nucleotide and/or amino acid sequence listing (diskette) 4. <input type="checkbox"/> priority document(s) 8. <input checked="" type="checkbox"/> other (specify): 1) Return Postcard, 2) Transmittal Letter - 1 page; <i>identified in Box No. VI as item(s):</i>	
Figure No. <u>Two (2)</u> of the drawings (if any) should accompany the abstract when it is published.			
Box No. IX SIGNATURE OF APPLICANT OR AGENT			
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request). <div style="text-align: center;">  Michael J. Bujold </div>			

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1. Date of actual receipt of the purported international application: 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: 4. Date of timely receipt of the required corrections under PCT Article 11(2): 5. International Searching Authority specified by the applicant: <u>ISA/</u>	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received: 6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid
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